

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 182	
1. PLACE OF DEATH				COUNTY <u>Maricopa</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>144</u>	
TOWNSHIP <u>Mesa</u> OR VILLAGE				CITY <u>Mesa</u> NO. <u>144</u> ST. <u>144</u> WARD			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>17</u> YRS. <u>0</u> MOS. <u>0</u> DS.				HOW LONG IN U. S. OF FOREIGN BIRTH? <u>0</u> YRS. <u>0</u> MOS. <u>0</u> DS.			
2. FULL NAME <u>Turner Ashby Hawes</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>35</u> YRS. <u>0</u> MOS. <u>0</u> DS.			
(A) RESIDENCE: NO. <u>Mesa</u> (USUAL PLACE OF ABODE) ST. <u>144</u> WARD				IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie Hawes</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8, 1863</u>							
7. AGE YEARS <u>72</u>		MONTHS <u>11</u>		DAYS <u>5</u>		IF LESS THAN 1 DAY, HRS. OR MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Virginia</u>							
13. NAME <u>Not Known</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>II</u>							
15. MAIDEN NAME <u>Not Known</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>II</u>							
17. INFORMANT <u>Woodson Hawes</u> (ADDRESS)							
18. BURIAL, CREMATION, OR REMOVAL — PLACE <u>Mesa</u> DATE <u>Oct. 16, 1936</u>							
19. EMBALMER { LICENSE NO. <u>90</u> SIGNATURE <u>M. L. Gibbons</u> FUNERAL DIRECTOR <u>M. L. Gibbons</u> ADDRESS <u>Mesa</u>							
20. FILED <u>Oct. 21, 1936</u> REGISTRAR (ADDRESS)							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1936</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>9-22-36</u> TO <u>10-13-36</u> I LAST SAW HIM ALIVE ON <u>10-13-36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:15 P.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Angina Pectoris</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Myocarditis</u>							
NAME OF OPERATION <u>Clinical</u> DATE OF <u>ur</u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u>Clinical</u> WAS THERE AN AUTOPSY? <u>ur</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY <u>19</u>							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>ur</u>							
IF SO, SPECIFY (SIGNED) <u>Spencer</u> M. D.							